Atriumfibrillatie

ATRIUMFIBRILLATIE

Mechanismen

- Chaotische atriale activiteit (350 - 600/min)
- geen goede atriale contracties
- reactie van de ventrikel : AV nodulus remt de doorgang van de impulsen af tot 160-200/min
- gevolgen

    - verminderd slagvolume en cardiac output

    - spontane reconversie: bij eerste keer vaak spontane reconversie binnen 24u.

    - Bij 30% herneemt het sinusritme zonder medicatie.

    - complicaties:

        - mortaliteit verdubbelt

        - CVA: bij 35% van casi. Embolen worden vaak afgeschoten bij reconversie.

            Hersenbloedingen worden gezien bij anticoagulatie

        - syncope

        - angor

        - darmischaemie

- bij therapie: digitalisintoxicatie

Risicofactoren om atriumfibrillatie te ontwikkelen

- idiopathisch
- cardiaal
    - coronair vaatlijden
    - hypertensie
    - mitraliskleplijden
    - chronische pericarditis
    - Wolff-Parkinson-White syndroom (WPW)
- Longen
    - longembolen
    -chronisch longlijden
- Hypothyroidie
- Ethylisme

2. Kliniek

- Altijd
    - onregelmatige pols
    - auscultatie: onregelmatige hartslag, S1 variabele intensiteit
    - Monitoring: onregelmatig; af en toe geen QRS-complex
- Stabiele patiënt
    - palpitaties
    - dyspnee
    - zwakte
    - ijl hoofd
    - syncope
- Instabiele patiënt
    - hypotensie
    - persistente angor
    - longoedeem

- BWZ-daling

3. Diagnostiek

- ECG: geen duidelijke P-toppen
- Labo: CBC, Elektrolyten, hartenzymen, schilklierfunctie
- Pulse oxymetrie
- echocardio: is er atriale uitzetting? (als oorzaak)
  is er een atriale thrombus (onmiddellijke anticoagulatie)

4. DD

- atriale flutter met wisselende AV-blok
- Multifocale atriale tachycardie
- sinusritme met frequente premature atriale contracties
- atriale tachycardie

Eerste opvang

- is de patient stabiel?

  - indien ja: gewoon transport naar het ziekenhuis

  - indien nee: onmiddellijke reconversie en ALS

- zuurstof
- IV-lijn
- monitoring

Spoeddienst

Smal complex Tachycardie

- Wanneer moet therapie gestart worden? vraag: is de patient stabiel?
    - Indien neen: reconversie
    - indien ja:
        - HR > 100/min: geen therapie
        - HR 100 - 120/min: indien stabiel geen therapie. Indien niet stabiel wel therapie
        - HR > 120/min: therapie

- Welke therapie?
    - Cardioversie:
        - indicaties:
            - ofwel onstabiele patient
            - ofwel stabiele patient zonder mitraliskleplijden, zonder linkerventrikeldysfunctie en zonder CVA in de voorgeschiedenis én met atriumfibrillatie < 48 uur aanwezig (geen heparinisatie nodig) of > 48 uur aanwezig maar geen thrombus zichtbaar op echocardio. In dit geval wel eerst heparinisatie (80 I/kg LG in bolus en nadien continu infuus aan 18IU/kg/u)
        - manier van handelen
            - sedatie
            - cardioversie synchroon. Begin met 100J
    - Beta-blokkers

Breed complex Tachycardie

- Is de patient stabiel?

    - indien neen:

        - cardioversie

        - ALS

    - indien ja:

        - Procainamide

        - vermijd calciumantagonisten, betablokkers en digoxine

        - indien risco op WPW-syndroom:

            - geen calcium-antagonisten (Verapamil)

            - Bretylium

- Adenosine: best alleen voor supraventriculaire. Eerst 6 mg snel IV. Zo nodig herhalen na 2 minuten (12 mg)

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Voeg een nieuwe reactie toe